E DEPENDENT CLAIM FILLING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) APPLICANT(S) **CLAIMS** AFTER AFTER AS FILED AFTER I AMDIGMENT AFTER **AS FILED** 2 AMERICANDAT. 3 MANDOMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. 19. 26 35· 38. 90. ·47 A A TOTAL IXE TOTALOG T TOTAL DEZ ⇍ . 多数 U.S. DEPARTHUNT of COMMERCE